



TreasuryDirect

**STOP PAYMENT/REPLACEMENT
PAYMENT REQUEST**

SEE INSTRUCTIONS - TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. TreasuryDirect ACCOUNT INFORMATION

FOR DEPARTMENT USE

TreasuryDirect ACCOUNT NUMBER [] [] [] [] - [] [] [] [] - [] [] [] []

DOCUMENT AUTHORITY

ACCOUNT NAME

APPROVED BY

DATE APPROVED

CHECK NUMBER

CURRENT ADDRESS

City

State

ZIP Code

IS THIS A NEW ADDRESS? ☐ YES ☐ NO

CUSIP

DESCRIPTION

2. CHECK INFORMATION

CHECK NUMBER (IF KNOWN) _____ AMOUNT \$ _____

PAYMENT DATE: _____ PAYMENT TYPE: ☐ PRINCIPAL ☐ INTEREST ☐ REFUND

THIS CHECK WAS: ☐ NOT RECEIVED ☐ LOST ☐ STOLEN ☐ DESTROYED

IF LOST, STOLEN OR DESTROYED, WAS THE CHECK ENDORSED? ☐ YES ☐ NO

EXACT FORM OF ENDORSEMENT: _____

DESCRIBE THE CIRCUMSTANCES OF THE LOSS, THEFT OR DESTRUCTION: _____

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

(OVER)

3. AUTHORIZATION**WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING INDIVIDUAL TO SIGN THIS FORM.**

I HEREBY REQUEST THAT A STOP PAYMENT BE PLACED AGAINST THE CHECK DESCRIBED ON THIS FORM AND THAT A REPLACEMENT CHECK BE ISSUED. IN CONSIDERATION FOR THE ISSUANCE OF A REPLACEMENT CHECK, I AGREE TO RETURN TO THE DEPARTMENT OF THE TREASURY THE MISSING CHECK SHOULD IT COME INTO MY POSSESSION OR UNDER MY CONTROL AND TO INDEMNIFY AND HOLD HARMLESS THE UNITED STATES OF AMERICA, THE DEPARTMENT OF THE TREASURY AND THE PAYOR FEDERAL RESERVE BANK AGAINST ALL CLAIMS OR DEMANDS AND ALL LOSS, DAMAGE AND EXPENSE, INCLUDING LEGAL FEES AND EXPENSES, THAT MAY BE INCURRED FROM HAVING PAID THE CHECK REPORTED LOST OR REFUSING TO PAY SAID CHECK IF PRESENTED.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF PAYEE_____
DATE_____
SIGNATURE OF SECOND PAYEE (IF APPROPRIATE)_____
DATE_____
ADDRESS_____
TELEPHONE (Daytime)

NOTE: IF THE CHECK WAS INSCRIBED WITH THE NAMES OF TWO PAYEES CONNECTED BY THE WORD "OR", AND ONE OF THE PAYEES IS NOT AVAILABLE TO SIGN THIS REQUEST, DO YOU CERTIFY THAT THE OTHER PAYEE DID NOT AND DOES NOT HAVE ACCESS TO THE CHECK? ☐ YES ☐ NO

4. CERTIFICATION**YOUR SIGNATURE MUST BE CERTIFIED BY AN AUTHORIZED CERTIFYING INDIVIDUAL.**

Instructions to Certifying Individual:

1. Names of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Certification **CANNOT** be detached from this request.

I CERTIFY THAT _____, WHOSE IDENTITY(IES) IS/ARE KNOWN

NAME(S) OF PERSON(S) WHO APPEARED

OR PROVEN TO ME, PERSONALLY APPEARED BEFORE ME THIS _____ DAY OF _____

MONTH/YEAR

AT _____ AND SIGNED THIS REQUEST.

CITY/STATE

ACCEPTABLE CERTIFICATIONS:

Financial Institution's Official Seal or Stamp (Such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**

SIGNATURE AND TITLE OF CERTIFYING INDIVIDUAL_____
NAME OF FINANCIAL INSTITUTION_____
ADDRESS_____
CITY/STATE/ZIP CODE

MY COMMISSION EXPIRES _____
(For notaries only)

TELEPHONE

CERTIFICATION BY A NOTARY PUBLIC IS ACCEPTABLE



TreasuryDirect

INSTRUCTIONS FOR COMPLETING STOP PAYMENT/REPLACEMENT PAYMENT REQUEST

PURPOSE

This form can be used to: place a stop payment against a *TreasuryDirect* check that has been lost, stolen, destroyed, or not received, and request the issuance of a replacement payment. The payment will be sent by direct deposit to your account at the financial institution shown for your *TreasuryDirect* account whenever possible.

IMPORTANT NOTICES

- **This form must be signed.** Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only**. Where spaces are provided, enter only one number or letter in each space.
- **REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. *TreasuryDirect* ACCOUNT INFORMATION

Provide your ACCOUNT NUMBER, ACCOUNT NAME and CURRENT ADDRESS. You will find this information on your *TreasuryDirect Statement of Account*. Indicate whether the current address you provide is different from the address listed on your *Statement of Account*. Also provide the CUSIP and DESCRIPTION of the loan for which the payment was made.

2. CHECK INFORMATION

Please provide as much information about the payment as possible, including:
CHECK NUMBER (a 9 digit number in the upper right corner of the check)
CHECK AMOUNT (the amount of the check you were to receive)
PAYMENT DATE (the date that the payment was due)
TYPE OF PAYMENT (principal, interest or refund)

Indicate whether the check was not received, lost, stolen, or destroyed. If the check was lost, stolen, or destroyed, please describe the circumstances, including any endorsement you may have put on the check.

3. AUTHORIZATION

All payees must sign and date the form in the presence of an authorized certifying individual to request a replacement check. Identification may be required. Please provide an address and daytime telephone number (including area code) where you may be contacted if there are questions about this request. If there are two payees on the check inscription connected by the conjunction "or", the form may be signed by one payee provided the payee certifies (by checking the "yes" box in the note) that all other payees could not have had access to the original check.

4. CERTIFICATION

Certification of the payee's signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. A notary public may also certify this form.

SUBMISSION

Completed forms should be submitted to Marketable Assistance Branch, Payments Section, PO Box 426, Parkersburg, WV 26106-0426. You can find the Treasury Retail Securities Site address on your *Statement of Account* or on the web (www.treasurydirect.gov).

Note: If we release a payment and you have an active *TreasuryDirect* account, the money will be sent by direct deposit to the financial institution you designated in *TreasuryDirect*.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (304) 480-6158.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.**